

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 21 1947

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3826**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6108 North Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **Since Birth**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **6108 North Broadway**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **MARY JANE SCHULZE**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9**
year **1947** hour **11:55 PM** minute _____ M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Joseph V. Schulze** 6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **August 8, 1928**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **4-1** 19 **47** to **4-9** 19 **47**
that I last saw him **alive** on **4-8** 19 **47**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

| | | | |
|-----------|----------|----------|----------------|
| 18 | 8 | 1 | hr. _____ min. |
|-----------|----------|----------|----------------|

Immediate cause of death **Pulmonary Tuberculosis 1 year?**

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name **Thomas M. Furey**

13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Josephine Repple**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant **Joseph V. Schulze**

(b) Address **6108 North Broadway**

17. (a) **Burial** (b) Date thereof **4/12/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Paul Kump** While at work? _____ (Specify type of place) (b) Means of injury _____

(b) Address **2161 East Fair Avenue**

19. (a) **APR 11 1947** (b) **J. J. Bredenk** (Registrar's signature)

23. Signature **Paul Kump** (M. D. or other) _____
Address **Humboldt Bldg St. Louis** Date signed **4-10-47**

SEP 13 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Gustav W. Dietel*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.